



**DELAWARE RIVER STEAMBOAT FLOATING CLASSROOM**  
 ~ EVALUATION FORM ~

Thank you for spending ‘a moment back in time’ traveling the Delaware River  
 aboard our special sternwheel paddle boat **SPLASH**.  
 Would you please take a moment to give us your comments,  
 which are invaluable in helping us build our programs and tours.

HOW DID YOU INITIALLY HEAR ABOUT SPLASH?

- NEWSPAPER     
  CHAMBER OF COMMERCE     
  SCHOOL  
 OTHER \_\_\_\_\_

WHAT WAS THE REASON FOR SCHEDULING A TRIP ON SPLASH?

- PLEASURE   
  SPECIAL OCCASION   
  FIELD TRIP   
  EDUCATION PROGRAM

We do hope that you went away with  
 new knowledge about the river, environment and history of the area.  
 Please give us your feedback about your group’s experience on the trip.

*PLEASE RATE: 10 BEING HIGHEST, 1 MOST UNSATISFACTORY—FEEL FREE TO COMMENT*

WATERSHED MANAGEMENT MODEL DEMONSTRATION	10 9 8 7 6 5 4 3 2 1
GEORGE WASHINGTON HISTORY TALK	10 9 8 7 6 5 4 3 2 1
ECOLOGY /FOOD CHAIN TALK	10 9 8 7 6 5 4 3 2 1
SCAVENGER HUNT	10 9 8 7 6 5 4 3 2 1
SOMETHING TO THINK ABOUT QUESTIONS	10 9 8 7 6 5 4 3 2 1
THE STAFF WAS KNOWLEDGEABLE ABOUT THE PROGRAM TOPICS	10 9 8 7 6 5 4 3 2 1
THE STAFF WAS ENTHUSIASTIC DURING THE PRESENTATION	10 9 8 7 6 5 4 3 2 1
THE STAFF INTERACTED WELL WITH STUDENTS	10 9 8 7 6 5 4 3 2 1
STUDENTS GAINED NEW INFORMATION/SKILLS FROM THE PROGRAM	10 9 8 7 6 5 4 3 2 1

MY STUDENTS WERE EXCITED TO PARTICIPATE IN THIS PROGRAM     YES     NO

WHY? \_\_\_\_\_

I PLAN TO INCORPORATE THESE ACTIVITIES INTO MY CLASSROOM TEACHING.     YES     NO

WHICH PORTION OF THIS PROGRAM WAS MOST EFFECTIVE? \_\_\_\_\_

WHY? \_\_\_\_\_

WHICH PORTION WAS LEAST EFFECTIVE? \_\_\_\_\_

WHY? \_\_\_\_\_

HOW COULD SPLASH IMPROVE THE PROGRAM? \_\_\_\_\_

WHAT TOPICS, THEMES, OR METHODOLOGIES WOULD YOU LIKE TO SEE IN SPLASH PROGRAMS? \_\_\_\_\_

WHAT ENVIRONMENTAL ISSUES ARE MOST RELEVANT TO YOUR SCHOOL'S COMMUNITY?

\_\_\_\_ I WOULD RECOMMEND THIS PROGRAM TO OTHER TEACHERS/ORGANIZATIONS.

\_\_\_\_ I WOULD NOT RECOMMEND THIS PROGRAM TO OTHER TEACHERS/ORGANIZATIONS.

PLEASE SEND SPLASH INFORMATION TO THE FOLLOWING ORGANIZATIONS AND/OR INDIVIDUALS:

NAME	ADDRESS	PHONE	E-MAIL

**THANK YOU** FOR TAKING THE TIME TO COMPLETE THIS EVALUATION FORM.

SCHOOL/ORGANIZATION: \_\_\_\_\_

TEACHER/LEADER: \_\_\_\_\_

TRIP DATE: \_\_\_\_\_

GRADE AND/OR AGE LEVEL: \_\_\_\_\_

NUMBER OF: \_\_\_\_\_ STUDENTS \_\_\_\_\_ TEACHERS \_\_\_\_\_ ADULTS

*PLEASE SEND FORM TO:*

DELAWARE RIVER STEAMBOAT FLOATING CLASSROOM, INC.

21 VERNON CIRCLE, PRINCETON NJ 08540

609-414-3676

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